



## Consent to Use and Disclose Health Information

This consent form is an agreement between you and us, Children's Counseling Center of Hershey. When the words "you" and "your" are used below, they represent the individual receiving treatment; whether it be you or any other person for whom you are the legal or personal representative (designated here):

\_\_\_\_\_.

During a session, when you are assessed, examined, evaluated, or observed, we collect "Protected Health Information" ("PHI") about you. Collecting PHI is necessary to determine what treatment is best for you and to provide treatment to you. It may also be necessary to share your PHI with others to arrange payment for your treatment, to help others provide supplemental treatment to you, or for other business or government functions.

By signing this form, you are agreeing to let us use your PHI at this establishment and to send it to others for the purposes previously described. Your signature below acknowledges that you have received our Notice of Privacy Practices, which explains in more detail what your rights are and how we can use and share your information.

You are not required to sign this consent form; however, **if you do not provide your consent to our privacy practices, we will be unable treat you.**

In the future, we may change how we use and share your PHI, and so we may change our Notice of Privacy Practices. If we do, a copy can be obtained from Sara Czuchnicki, who acts as the compliance officer for this establishment. Sara can be reached at 717-559-5045 or sara.czuchnicki.lpc@gmail.com.

After you have signed this consent, you have the right to revoke it at any time by writing to the compliance officer. We will then stop using or sharing your PHI from that time forward. If, however, we have already used or shared any portion of your PHI, we are unable to retract any previously shared PHI.

\_\_\_\_\_  
Client or Guardian Signature

\_\_\_\_\_  
Date

NPP 2/11/19